

ATTENTION ATTENTION ATTENTION

Method of Refund:

☐ ACH/EFT

REFUND COMPLETED
PCT NATIONAL DIVISION

☒ Deposit Account # 16-0820

☐ Treasury Check

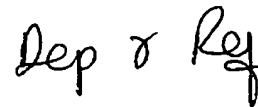
Patent/TM/App/Serial # 10/596,320

Program Area PCT-National

Date Processed 6/22/2006

ATTENTION ATTENTION ATTENTION

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PATENT AND TRADE
OFFICE DIVISION

206 JUN 19 PM 3:48

US PATENT & TRADEMARK
OFFICE

Title: REFRIGERATING OR FREEZING APPARATUS WITH VACUUM COMPARTMENT

Filing Date: June 9, 2006

Conf. No.: 5331

Docket No.: 40649

REFUND COMPLETED
PCT NATIONAL DIVISION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR REFUND

Dear Sir:

On June 9, 2006, applicant filed an electronic application. After reviewing the Electronic Patent Application Fee Transmittal (copy enclosed), it was discovered that errors were made as follows:

1. "Claims in excess of 20". This application was filed with a total of 16 claims. In responding to the electronic filing question for claims in excess of 20, we entered that we had a total of 16 claims, and misunderstood that we were to enter only the claims in excess of 20. Therefore, \$800 was charged for 16 claims in excess of 20, for which we request reimbursement.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Michael W. Garvey
Name of Depositor

Signature of Depositor

June 12, 2006

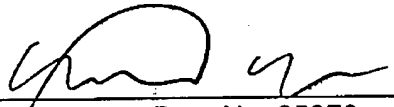
06/09/2000	Date	INTEFSW	10000005	10000005	10000005
04 FC:1615		ADD	00 CR		
05 FC:1614		200-00 CR			

2. "Independent claims in excess of 3". This application was filed with a total of 1 (one) independent claim. In responding to the electronic filing question for independent claims in excess of 3, we entered that we had a total of 1 independent claim, and misunderstood that we were to enter only independent claims in excess of 3. Therefore, \$200 was charged for 1 (one) independent claim in excess of 3, for which we request reimbursement.

Please refund or credit the \$1,000.00 fee that was deducted from our deposit account in connection with the electronic filing of this application to Deposit Account No. 16,0820, Order No. WGP.40649.

Respectfully submitted,

Dated: 12 June 06


Michael W. Garvey, Reg. No. 35878

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Enclosure

Electronic Patent Application Fee Transmittal

Application Number:

Filing Date:



Title of Invention:

REFRIGERATING OR FREEZING APPARATUS WITH VACUUM COMPARTMENT

First Named Inventor:

GIRISH PIMPUTKAR

Filer:

Robert Francis Bodi/Jeanne Liptay

Attorney Docket Number:

Filed as Large Entity

U.S. National Stage under 35 USC 371 Filing Fees

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
National Stage Fee	1631	1	300	300
Natl Stage Search Fee - Report provided	1642	1	400	400
National Stage Exam - all other cases	1633	1	200	200
Pages:				
Claims:				
Claims in excess of 20	1615	16	50	800
Independent claims in excess of 3	1614	1	200	200
Multiple dependent claims	1616	1	360	360

Description	Fee Code	Quantity	Amount	USD(\$)
Miscellaneous-Filing:				
Oath/decl > 30 months from priority date	1617	1	130	130
Petition:				
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				
Extension-of-Time:				
Miscellaneous:				
Total in USD (\$)				2390

Electronic Patent Application Fee Transmittal

Application Number:				
Filing Date:				
Title of Invention:	REFRIGERATING OR FREEZING APPARATUS WITH VACUUM COMPARTMENT			
First Named Inventor:	GIRISH PIMPUTKAR			
Filer:	Robert Francis Bodi/Jeanne Liptay			
Attorney Docket Number:				
Filed as Large Entity				
U.S. National Stage under 35 USC 371 Filing Fees				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
National Stage Fee	1631	1	300	300
Natl Stage Search Fee - Report provided	1642	1	400	400
National Stage Exam - all other cases	1633	1	200	200
Pages:				
Claims:				
Adjustme Claims in excess of 20 THOLLAND 06709/P006 INTFSW 00000555 160820 10596328	1615	16	50	800
04 FC:1615 800.00 CR 05 Independent claims in excess of 3	1614	1	200	200
Multiple dependent claims	1616	1	360	360